The Texas Public Health Laboratory Network: Partners in Health

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2017 APHL Annual Meeting
Texas Geographic Challenges

801 mi
Texas Public Health Labs
Public Health Lab System

- Two state public health labs
  - Austin
  - South Texas Lab in Harlingen

- City/County/Academia public health labs
  - Two academia
  - Six city
  - Five county
  - Two city-county
Public Health Programs
Given the geographical challenges in Texas what are the advantages to sharing the testing load?
Patient knows results and it is less likely that the patient will be lost to follow-up

Rapid tests can help the patient to receive treatment faster

HIV confirmatory testing and/or HIV NAAT performed at the state lab or other city-county PHLs
Multiple labs perform rabies testing which helps spread the workload

Two county PHLs perform mosquito testing for West Nile and other arboviruses
Culture and drug susceptibility testing requires BSL-3 testing facilities and expensive equipment and reagents.

T-Spot and QuantiFERON testing is rapid testing to support outbreak investigations.
Time constraints for testing after collection – no more than 30 hours

Need EPA approved collection container with dechlorinating agent

Samples can be dropped off locally; no shipping required
No time to ship overnight; must drive samples to lab

Answers needed immediately
Rapid PCR test was implemented in all LRN labs in 2008 to provide greater visibility to their communities but also to increase surveillance.

Capacity in all LRN labs helped with the testing during 2009 H1N1 outbreak.

Labs are ready to provide surge when the next flu outbreak occurs.
Annual meeting of the LRN-B reference labs

- Meeting held at the Mayan Ranch
- Venue is conducive to networking among all participants
TxLRN Network Training

- Sponsor BSL-3 and packaging and shipping train-the-trainer
- Train on LRN methods in Austin or on-site
- First Responder train-the-trainer
- Sentinel wet workshop assistance
Planning and Sharing

- Lab directors annual conference
  - Discuss new technologies and methods
  - Discuss regulatory changes
  - Quality improvement to “do more with less”

- Bimonthly conference calls
  - Invite program staff to discuss upcoming changes and answer questions
  - Discuss issues with latest disease “du jour”
Thank You